

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.	FILING DATE		
						APPLICANT(S)	10/009854		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18			/				68		
19			/				69		
20			/				70		
21			/				71		
22			/				72		
23			/				73		
24			/				74		
25			/				75		
26			/				76		
27			/				77		
28			/				78		
29			/				79		
30			/				80		
31			/				81		
32			/				82		
33			/				83		
34			/				84		
35			/				85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
51							TOTAL IND.		
52							TOTAL DEP.		
53							TOTAL CLAIMS		